ENTRY BLANK	
PLEASE TYPE OR PRINT Entered previous May S	how
Ms. SHELLEY BACHMAN	
(Last Name	Last
Permanent 2620 WARRENSVILLE CENTER Address	
Street City	
CLEVELAND 44118 Tel. (216 371-1200	
44118 Tel. (216) 371-1200 Zip Area Code	
Temporary or Same	
Street City	
Tel. ()	
Zip Area Code	700
If you do not presently live in one of the counties of the Western Reserve, which county were you born in?	
Collaborator	
(If Any)	
If May Show entries are not accepted or not sold:	
Artist will pick up at Museum. Museum should dispose of.	
☐ Museum should ship to artist C.O.D. at this address:	
Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.	F
This entry blank must be fully made out and signed. Unsig entry blanks will not be accepted.	
Note carefully calendar for delivery and return of objects.	

its own account any objects not called for by the dates listed. It is also understood that accepted objects will remain on

The submission of objects will be construed as acceptance of

all conditions printed in the entry information.

exhibition until June 7, 1981.

Signature.

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unframed					142	18	
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